

**Maricopa Integrated Health Systems  
Formulary Prior Auth Criteria**

**Drug: Duragesic Transdermal System (Fentanyl)**

**Therapy:**

Is indicated for the management of chronic pain in patients requiring continuous opioid analgesia for pain that cannot be managed by lesser means.

**Inclusions:**

- A) Diagnosis
- B) Failure of formulary analgesic medications

**Black box warning:**

Because of serious or life-threatening hypoventilation could occur, Duragesic is contraindicated:

- A) In the management of acute or postoperative pain, including use in outpatient surgeries
- B) In the management of mild or intermittent pain responsive to p.r.n. on non-opioid therapy
- C) In dosage exceeding 25mcg/hr at the initiation of opioid therapy

Duragesic should not be administered to children under 12 years of age or patients under 18 years of age who weigh less than 50 KG (110 LBS) except in an authorized investigational research center

**Caution should be use in the following patients:**

Chronic pulmonary disease  
Head injuries and increased intracranial pressure  
Bradyarrhythmias  
Hepatic or renal disease  
Fever  $\geq 102$  F (38C)  
History of drug or alcohol dependence  
Altered pharmacokinetic potential, including elderly, cachectic, and debilitated patients

**Authorization:**

Three months initially then six months with documented efficacy

**Medical Director** \_\_\_\_\_

**Date** \_\_\_\_\_